

## UNITED STATES DISTRICT COURT

District of

MASSACHUSETTS

LIBERTY MUTUAL INSURANCE  
COMPANY AND SUBSIDIARIES

V.

UNITED STATES OF AMERICA

## SUMMONS IN A CIVIL ACTION

05 11048 RCL  
CASE NUMBER:

## TO: (Name and address of Defendant)

Michael J. Sullivan  
U.S. Attorney  
John Joseph Moakley  
U.S. Courthouse  
1 Courthouse Way, Suite 9200  
Boston, MA 02210

Alberto R. Gonzales  
U.S. Attorney General  
U.S. Department of Justice  
950 Pennsylvania Ave., NW  
Washington, DC 20539-0001

Mark W. Everson  
Commissioner of Internal Revenue  
Internal Revenue Service  
1111 Constitution Ave., NW  
Washington, DC 20224

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

John A. Lacaire  
Black, Cetkovic, & Whitestone  
200 Berkeley Street Floor 16  
Boston, MA 02116

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON



MAY 18 2005

CLERK

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE	June 7, 2005
NAME OF SERVER (PRINT) Kendra Kosko	TITLE	Law Clerk
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served:  <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted:  <input checked="" type="checkbox"/> Other (specify): See Below		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>07/27/05</u> Date	<i>Kendra Kosko</i> Signature of Server	Kendra Kosko
<u>Scribner, Hall &amp; Thompson, LLP</u> <u>1875 I Street, N.W.</u> <u>Address of Server</u> Suite 1050 <u>Washington, DC 20006-5409</u>		
<p>*Upon Michael J. Sullivan, U.S. Attorney, District of Boston, via certified mail No. 70023150000369983718 return receipt requested in accordance with Fed. R. Civ. P. 4(i)(1)(A) by sending a copy of the summons and complaint to the United States Attorney, John Joseph Moakley, United States Courthouse, 1 Courthouse Way, Boston, MA 02210</p> <p>*Upon Albert Gonzales, U.S. Attorney General, via certified mail No. 70023150000369983817 return receipt requested in accordance with Fed. R. Civ. P. 4(i)(1)(B) by sending a copy of the summons and complaint to the U.S. Department of Justice, 950 Pennsylvania Avenue, N.W., Washington, DC 20530-001</p> <p>*Upon Mark Everson, Commissioner of Internal Revenue, via certified mail No. 70023150000369983800 return receipt requested in accordance with Fed. R. Civ. P. 4(i)(1)(C) by sending a copy of the summons and complaint to the Internal Revenue Service, 111 Constitution Avenue, Washington, DC 20224</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Michael J. Sullivan  
U.S. Attorney  
John Joseph Moakley United States Courthouse  
Suite 9200  
1 Courthouse Way  
Boston, MA 02210

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

**X** *Michael J. Sullivan*

Agent  
 Addressee

**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?**

Yes

If YES, enter delivery address below: **No**

**3. Service Type**

Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

**4. Restricted Delivery? (Extra Fee)**

Yes

**2. Article Number**

(Transfer from service label)

7002 3150 0003 6998 3718

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Honorable Alberto Gonzales  
Attorney General  
U.S. Department of Justice  
950 Pennsylvania Avenue, N.W.  
Washington, DC 20530-0001

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

**X** *Alberto Gonzales*

Agent  
 Addressee

**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?**

Yes

If YES, enter delivery address below: **No**

**3. Service Type**

Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

**4. Restricted Delivery? (Extra Fee)**

Yes

**2. Article Number**

(Transfer from service label)

7002 3150 0003 6998 3817

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- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Mark W. Everson  
Commissioner of Internal Revenue  
1111 Constitution Avenue  
Washington, DC 20224

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

**X** Received by the

Agent  
 Addressee

**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?**

Yes

If YES, enter delivery address below: **No**

**JUN 14 2005**

**3. Service Type**

Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

**4. Restricted Delivery? (Extra Fee)**

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**2. Article Number**

(Transfer from service label)

7002 3150 0003 6998 3800

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540